

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

DEBICELLA FOR CONGRESS 2014

ADDRESS (number and street)

P.O. BOX 369

Check if different  
than previously  
reported. (ACC)

FAIRFIELD

CT

06824

2. FEC IDENTIFICATION NUMBER ▼

C

C00549527

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

CT

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y  
05 / 16 / 2014in the  
State of

CT

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2014

through

M M / D D / Y Y Y Y  
04 / 26 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRADLEY T CRATE

Signature of Treasurer

BRADLEY T CRATE

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
05 / 02 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 25

Write or Type Committee Name

**DEBICELLA FOR CONGRESS 2014**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	29015.00	536468.00
(b) Total Contribution Refunds (from Line 20(d)) .....	1300.00	1300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	27715.00	535168.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	36967.71	197368.11
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	36967.71	197368.11
8. Cash on Hand at Close of Reporting Period (from Line 27).....	337299.89	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 25

Write or Type Committee Name

DEBICELLA FOR CONGRESS 2014

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

25350.00

498810.00

(ii) Unitemized.....

2665.00

36658.00

(iii) TOTAL of contributions from individuals ▶

28015.00

535468.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

1000.00

1000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

29015.00

536468.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

29015.00

536468.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 25

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36967.71	197368.11
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	1300.00	1300.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1300.00	1300.00
21. OTHER DISBURSEMENTS .....	0.00	500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	38267.71	199168.11

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	346552.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	29015.00
25. SUBTOTAL (add Line 23 and Line 24).....	375567.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	38267.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	337299.89

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DEBICELLA FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**LANCE BAKROW**

Mailing Address 130 FIELD POINT CIRCLE

City

GREENWICH

State

CT

Zip Code

06830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREENWICH ENERGY SOLUTIONS

Occupation

ENERGY / FINANCE

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2014

Transaction ID : SA11AI.6102

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**JAMES BALDWIN**

Mailing Address 150 INWOOD ROAD

City

FAIRFIELD

State

CT

Zip Code

06825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COLES, BALDWIN &amp; KAISER

Occupation

ATTORNEY

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2014

Transaction ID : SA11AI.6091

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**ADAM BREINER**

Mailing Address 93 STONELEIGH RD

City

FAIRFIELD

State

CT

Zip Code

06825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2014

Transaction ID : SA11AI.6059

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1650.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial)

ADAM DUNSBY

A.

Mailing Address 65 REDDING ROAD

City

EASTON

State

CT

Zip Code

06612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOWN OF EASTONOccupation  
FIRST SELECTMAN

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2014

Transaction ID : SA11AI.6038

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

THOMAS E FEBBRAIO

B.

Mailing Address 2 MINARD DRIVE

City

WESTPORT

State

CT

Zip Code

06880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLDWELL BANKER COMMERCIALOccupation  
REAL ESTATE

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2014

Transaction ID : SA11AI.5999

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

ROBERT HOTCHKISS

C.

Mailing Address 144 INDIAN HEAD RD

City

RIVERSIDE

State

CT

Zip Code

06878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2014

Transaction ID : SA11AI.6095

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3850.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DEBICELLA FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**JEFFREY JENNINGS****A.**

Mailing Address 15 WITHERELL DRIVE

City

GREENWICH

State

CT

Zip Code

06831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CLIFTON BROKERAGE CORPORATION

Occupation

INSURANCE EXECUTIVE

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2014

**Transaction ID : SA11AI.6083**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**ABRAHAM AVI KANER****B.**

Mailing Address 19 DEERWOOD LANE

City

WESTPORT

State

CT

Zip Code

06880

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MORTON WILLIAMS SUPERMARKETS

Occupation

RETAILER

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2014

**Transaction ID : SA11AI.6099**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**JOHN DAVID KELSEY****C.**

Mailing Address 3 LAKE DRIVE

City

OLD LYME

State

CT

Zip Code

06371

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HAMILTON POINT INVESTMENTS

Occupation

MANAGING PRINCIPAL

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2014

**Transaction ID : SA11AI.6034**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....

600.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**DEBICELLA FOR CONGRESS 2014**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MR. JAMES T. LARKIN</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 11 / 2014	
Mailing Address 54 HIGHMEADOW RD			<b>Transaction ID : SA11AI.6030</b>	
City	State	Zip Code		
OLD GREENWICH	CT	06870		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>PETER LEVY</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014	
Mailing Address 18 MAYFAIR LANE			<b>Transaction ID : SA11AI.6058</b>	
City	State	Zip Code		
GREENWICH	CT	06831		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer KAMBER MANAGEMENT CO		Occupation REAL ESTATE MANAGEMENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>JAMIE LINEBERGER</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2014	
Mailing Address 25 MAYWOOD ROAD			<b>Transaction ID : SA11AI.6017</b>	
City	State	Zip Code		
DARIEN	CT	06820		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 300.00	
Name of Employer LINEBERGER & CO.		Occupation PARTNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 300.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			800.00	
<b>TOTAL</b> This Period (last page this line number only).....				



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 9 OF 25

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DEBICELLA FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**WILLIAM P LOGAN**
**A.**

Mailing Address 104 FIELD POINT ROAD

City

GREENWICH

State

CT

Zip Code

06830

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 KARPREILLY

 Occupation  
 INVESTMENTS

Receipt For: 2014

☐ Primary  
☒ Other (specify)

☐ General  
 Convention

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2014

**Transaction ID : SA11AI.6077**

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**WILLIAM P LOGAN**
**B.**

Mailing Address 104 FIELD POINT ROAD

City

GREENWICH

State

CT

Zip Code

06830

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 KARPREILLY

 Occupation  
 INVESTMENTS

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2014

**Transaction ID : SA11AI.6106**

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**JOHN HOLMES MAKIN**
**C.**

Mailing Address 3314 O STREET NW

City

WASHINGTON

State

DC

Zip Code

20007

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 AMERICAN ENTERPRISE INSTITUTE

 Occupation  
 RESIDENT SCHOLAR

Receipt For: 2014

☐ Primary  
☒ Other (specify)

☐ General  
 Convention

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

**Transaction ID : SA11AI.6042**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

5700.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 25  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**DEBICELLA FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. SERGIO G MANIMBO</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 26 / 2014	
Mailing Address 719 PONUS RIDGE		Transaction ID : SA11AI.6111	
City NEW CANAAN	State CT		Zip Code 06840
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. JOSEPH T MCCARTIN</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2014	
Mailing Address 597 WESTPORT AVE UNIT B332		Transaction ID : SA11AI.6092	
City NORWALK	State CT		Zip Code 06851
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00
Name of Employer BRIDGWATER ASSOCIATES	Occupation RELATIONSHIP MANAGER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>C. JOHN MCKINNEY</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2014	
Mailing Address 986 SOUTH PINE CREEK ROAD		Transaction ID : SA11AI.6104	
City FAIRFIELD	State CT		Zip Code 06824
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00
Name of Employer STATE OF CONNECTICUT	Occupation STATE SENATOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DEBICELLA FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**HENRY S MILLER****A.**

Mailing Address 85 ROUND HILL RD

City

GREENWICH

State

CT

Zip Code

06831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARBLEGATE ASSET MANAGEMENT

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2014

**Transaction ID : SA11AI.6107**

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**THOMAS REIFENHEISER****B.**

Mailing Address 9 WATCHTOWER ROAD

City

DARIEN

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☒ Other (specify)
☐ General  
Convention

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2014

**Transaction ID : SA11AI.6015**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**MR. L. GEORGE RIEGER****C.**Mailing Address 28 HOME PLACE  
APT C2

City

GREENWICH

State

CT

Zip Code

06830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTMENT STRATEGIST

Receipt For: 2014

☐ Primary  
☒ Other (specify)
☐ General  
Convention

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2014

**Transaction ID : SA11AI.6021**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional).....

3200.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial)

NANCY RIEGER

A.

Mailing Address 28 HOME PLACE

UNIT C2

City

GREENWICH

State

CT

Zip Code

06830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		05		2014

Transaction ID : SA11AI.6024

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

CYNTHIA SCANLAN

B.

Mailing Address 6 UPLAND ROAD

City

GREENWICH

State

CT

Zip Code

06831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ENTREPRENEUR

Occupation

NON-PROFIT MANAGEMENT

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2014

Transaction ID : SA11AI.6004

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. SAMUEL V. SCHOONMAKER III

C.

Mailing Address 231 OLD KINGS HWY S

City

DARIEN

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2014

Transaction ID : SA11AI.6013

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 25  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**DEBICELLA FOR CONGRESS 2014**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ERIBERTO R SCOCIMARA</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2014	
Mailing Address 16 LAUREL LANE			<b>Transaction ID : SA11AI.6065</b>	
City GREENWICH	State CT	Zip Code 06830	Amount of Each Receipt this Period _____ 1900.00	
FEC ID number of contributing federal political committee. C _____		Name of Employer ROCKWOOD HOLDINGS		
Occupation PARTNER		Election Cycle-to-Date _____ 4400.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>ERIBERTO R SCOCIMARA</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2014	
Mailing Address 16 LAUREL LANE			<b>Transaction ID : SA11AI.6066</b>	
City GREENWICH	State CT	Zip Code 06830	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. C _____		Name of Employer ROCKWOOD HOLDINGS		
Occupation PARTNER		Election Cycle-to-Date _____ 4500.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>ALAN SHURR</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014	
Mailing Address 13 CRESCENT BEECH ROAD			<b>Transaction ID : SA11AI.6075</b>	
City ROWAYTOWN	State CT	Zip Code 06853	Amount of Each Receipt this Period _____ 500.00	
FEC ID number of contributing federal political committee. C _____		Name of Employer SELF-EMPLOYED		
Occupation INVESTOR		Election Cycle-to-Date _____ 1200.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention				
<b>SUBTOTAL</b> of Receipts This Page (optional).....			_____ 2500.00	
<b>TOTAL</b> This Period (last page this line number only).....			_____	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 25  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**DEBICELLA FOR CONGRESS 2014**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>WILLIAM STAPLETON</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2014	
Mailing Address 15 SHERWOOD FARM RD		<b>Transaction ID : SA11AI.6002</b>	
City FAIRFIELD	State CT	Zip Code 06824	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer HEALTHPLANONE, LLC	Occupation MANAGER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date _____ 2250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>RICHARD VOELL</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2014	
Mailing Address 25 PILOT ROCK LANE		<b>Transaction ID : SA11AI.6108</b>	
City RIIVERSIDE	State CT	Zip Code 06878	Amount of Each Receipt this Period _____ 2600.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 8800.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>DAVID M. WALKER</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 26 / 2014	
Mailing Address 37 BEACON STREET		<b>Transaction ID : SA11AI.6110</b>	
City BRIDGEPORT	State CT	Zip Code 06605	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer SELF-EMPLOYED	Occupation CPA		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date _____ 1000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		_____ 4100.00	
<b>TOTAL</b> This Period (last page this line number only).....		_____	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial)

A. ROGER D WANAMAKER

Mailing Address PO BOX 220

City  
WILTON

State  
CT

Zip Code  
06897

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2014

Transaction ID : SA11AI.6050

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MR. CONRAD WEYMANN

Mailing Address 62 DEEPWOOD ROAD

City  
DARIEN

State  
CT

Zip Code  
06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MALLORY CAPITAL

Occupation  
FINANCE

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		02		2014

Transaction ID : SA11AI.6019

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. MR. CONRAD WEYMANN

Mailing Address 62 DEEPWOOD ROAD

City  
DARIEN

State  
CT

Zip Code  
06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MALLORY CAPITAL

Occupation  
FINANCE

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		04		2014

Transaction ID : SA11AI.6022

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

25350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 25

(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial)

FISCAL RESPONSIBILITY PAC

A.

Mailing Address 470 BANFIELD RD

City

PORTSMOUTH

State

NH

Zip Code

03801

FEC ID number of contributing  
federal political committee.

C C00467233

Name of Employer

Occupation

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		22		2014

Transaction ID : SA11C.6061

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

1000.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DEBICELLA FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**A. BAILEY AGENCIES**Mailing Address 15 THAMES STREET  
STE 100

City GROTON State CT Zip Code 06340

Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2014

Amount of Each Disbursement this Period

1500.08
---------

Transaction ID : SB17.6115

**B. CONNECTICUT REPUBLICAN STATE COMMITTEE**Mailing Address 31 PRATT STREET  
4TH FLOOR

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement  
PARTY CONTRIBUTION

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2014

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.6117

**C. DAN DEBICELLA**

Mailing Address 1 LAZY BROOK RD

City SHELTON State CT Zip Code 06824

Purpose of Disbursement  
TRAVEL:MILEAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

366.00
--------

Transaction ID : SB17.6119

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6866.08

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DEBICELLA FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**A. EPAY BUSINESS SOLUTIONS INC**Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement  
PAYROLL SERVICES/TAX

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	15	2014

Amount of Each Disbursement this Period

33.90
-------

Transaction ID : SB17.6140

**B. EPAY BUSINESS SOLUTIONS INC**Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement  
PAYROLL SERVICES/TAX

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	15	2014

Amount of Each Disbursement this Period

382.50
--------

Transaction ID : SB17.6141

**C. PIRYX, INC.**Mailing Address 144 2ND ST  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	01	2014

Amount of Each Disbursement this Period

74.76
-------

Transaction ID : SB17.6120

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

491.16

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DEBICELLA FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**Mailing Address 144 2ND ST  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	02	2014

Amount of Each Disbursement this Period

391.01
--------

Transaction ID : SB17.6121

**B. PIRYX, INC.**Mailing Address 144 2ND ST  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	03	2014

Amount of Each Disbursement this Period

848.17
--------

Transaction ID : SB17.6122

**C. PIRYX, INC.**Mailing Address 144 2ND ST  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	04	2014

Amount of Each Disbursement this Period

336.38
--------

Transaction ID : SB17.6123

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1575.56

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DEBICELLA FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**Mailing Address 144 2ND ST  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

304.76
--------

Transaction ID : SB17.6124

**B. PIRYX, INC.**Mailing Address 144 2ND ST  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

Amount of Each Disbursement this Period

5.75
------

Transaction ID : SB17.6125

**C. PIRYX, INC.**Mailing Address 144 2ND ST  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2014

Amount of Each Disbursement this Period

867.45
--------

Transaction ID : SB17.6126

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1177.96

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DEBICELLA FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**Mailing Address 144 2ND ST  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	10	2014

Amount of Each Disbursement this Period

1152.10
---------

Transaction ID : SB17.6127

**B. PIRYX, INC.**Mailing Address 144 2ND ST  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	11	2014

Amount of Each Disbursement this Period

69.01
-------

Transaction ID : SB17.6128

**C. PIRYX, INC.**Mailing Address 144 2ND ST  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	14	2014

Amount of Each Disbursement this Period

80.50
-------

Transaction ID : SB17.6129

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1301.61

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DEBICELLA FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**Mailing Address 144 2ND ST  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	16	2014

Amount of Each Disbursement this Period

17.25
-------

Transaction ID : SB17.6130

**B. PIRYX, INC.**Mailing Address 144 2ND ST  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	21	2014

Amount of Each Disbursement this Period

5.75
------

Transaction ID : SB17.6131

**C. PIRYX, INC.**Mailing Address 144 2ND ST  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	23	2014

Amount of Each Disbursement this Period

66.13
-------

Transaction ID : SB17.6132

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

89.13

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DEBICELLA FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**A. JOHN PUSKAR**Mailing Address 233 DERBY AVE  
#609

City DERBY State CT Zip Code 06418

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	15	2014

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.6142

**B. RED CURVE SOLUTIONS**Mailing Address 138 CONANT STREET  
1ST FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	24	2014

Amount of Each Disbursement this Period

14.15
-------

Transaction ID : SB17.6133

**C. SAFE HARBOUR HOUSE, LLC**

Mailing Address 169 MONROE TURNPIKE

City MONROE State CT Zip Code 06468

Purpose of Disbursement  
RENT & UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	03	2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.6134

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5264.15

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DEBICELLA FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**A. SHERMAN STREET ASSOCIATES**

Mailing Address 1499 POST ROAD

City	State	Zip Code
FAIRFIELD	CT	06824

Purpose of Disbursement  
RENT & UTILITIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2014

Amount of Each Disbursement this Period

11100.00
----------

Transaction ID : SB17.6136

**B. THE WEE BURN COUNTRY CLUB, INC.**

Mailing Address P.O. BOX 1046

City	State	Zip Code
DARIEN	CT	06820

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2014

Amount of Each Disbursement this Period

1590.36
---------

Transaction ID : SB17.6138

**C. TUSK PRODUCTIONS LLC**

Mailing Address 38 LAKEWOOD DR

City	State	Zip Code
DENVILLE	NJ	07834

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

7511.70
---------

Transaction ID : SB17.6139

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

20202.06

36967.71



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 25

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DEBICELLA FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**A. RICHARD VOELL**

Mailing Address 25 PILOT ROCK LANE

City	State	Zip Code
RIIVERSIDE	CT	06878

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2014

Amount of Each Disbursement this Period

\$	1000.00
----	---------

Transaction ID : SB20A.6143

**B. MR. CONRAD WEYMANN**

Mailing Address 62 DEEPWOOD ROAD

City	State	Zip Code
DARIEN	CT	06820

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2014

Amount of Each Disbursement this Period

\$	300.00
----	--------

Transaction ID : SB20A.6118

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

\$	
----	--

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

\$	1300.00
----	---------

\$	1300.00
----	---------